

Please type a plus sign (+) inside this box ☐

0010/PTO Rev. 6/95 U.S. Department of Commerce Patent and Trademark Office DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	390086.93964
	First Named Inventor	Seth Richard Banks
	COMPLETE IF KNOWN	
	Application Number	09/200,056
	Filing Date	November 25, 1998
	Group Art Unit	2773
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTIPLE MODALITY INTERFACE FOR IMAGING SYSTEM

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

November 25, 1998

as United States Application Number or PCT International

Application Number

09/200,056

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(C) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer or label Number
OR
☒ List attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number
Neil E. Hamilton	19,869	Jean C. Baker	35,433
Thomas W. Ehrmann	20,374	David G. Ryser	36,407
Barry E. Sammons	25,608	Ted. W. Whitlock	36,965
J. Rodman Steele	25,931	Bennett J. Berson	37,094
Nicholas J. Seay	27,386	Michael A. Jaskolski	37,551
George E. Haas	27,642	Allen J. Moss	38,567
Harvey D. Fried	28,298	Sherry Whitney	39,422
Michael J. McGovern	28,326	Glenn E. Gold	41,039
Carl R. Schwartz	29,437	Jull A. Fahrlander	42,518
Gergory A. Nelson	30,577	Scott D. Paul	42,984
Keith M. Baxter	31,233	Daniel G. Radler	43,028
John D. Franzini	31,356	Julie A. Zavoral	43,304
Joseph W. Bain	34,290	Steven J. Wietrzny	P44,402
Robert J. Sacco	35,667	Jay Chaskin	24,030
		Phyllis Y. Price	34,234

☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

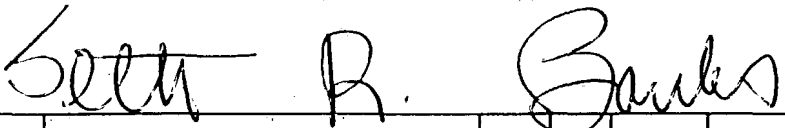
Please direct all correspondence to ☐ Customer Number or label OR ☒ Fill in correspondence address below

Name	Michael A. Jaskolski		
Address	Quarles & Brady		
Address	411 East Wisconsin Ave. Suite 2550		
City	Milwaukee	State	WI
Zip	53202-4497		
Country	USA	Telephone	(414) 277-5000
Fax	(414) 271-3552		


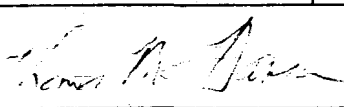
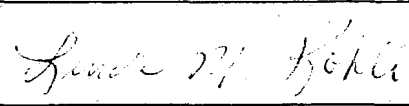
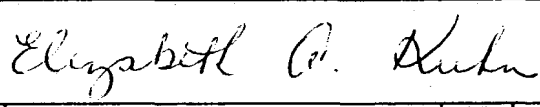
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:

A petition has been filed for this unsigned inventor

Given Name	Seth	Middle Initial	R.	Family Name	Banks	Suffix e.g. Jr.	
Inventor's Signature						Date	11/4/99
Residence:	Milwaukee	State	WI	Country	USA	Citizenship	US
Post Office	9459 Fairway Circle						
Post Office							
City	Milwaukee	State	WI	Zip	53217	Country	USA
Applicant Authority							
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet						
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor						
Given Name	James				Middle Initial	K.		Family Name	Cavanaugh			Suffix e.g. Jr.				
Inventor's Signature										Date	1/18/99					
Residence:	Chesterton				State	IN		Country	USA		Citizenship	US				
Post Office	424 Quail Court															
Post Office																
City	Chesterton				State	IN		Zip	46304		Country	USA		Applicant Authority		
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor						
Given Name	Thomas				Middle Initial	M.		Family Name	Hanson			Suffix e.g. Jr.				
Inventor's Signature										Date	1/14/99					
Residence:	Waukesha				State	WI		Country	USA		Citizenship	US				
Post Office	S33 W31489 London Drive															
Post Office																
City	Waukesha				State	WI		Zip	53188		Country	USA		Applicant Authority		
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor						
Given Name	Linda				Middle Initial	M.		Family Name	Kohli			Suffix e.g. Jr.				
Inventor's Signature										Date	1/4/99					
Residence:	Waukesha				State	WI		Country	USA		Citizenship	US				
Post Office	805 Calico Court															
Post Office																
City	Waukesha				State	WI		Zip	53186		Country	USA		Applicant Authority		
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor						
Given Name	Elizabeth				Middle Initial	A.		Family Name	Kuhn			Suffix e.g. Jr.				
Inventor's Signature										Date	1/4/99					
Residence	Wauwatosa				State	WI		Country	USA		Citizenship	US				
Post Office	2531 North 84th Street															
Post Office																
City	Wauwatosa				State	WI		Zip	53226		Country	USA		Applicant Authority		
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto															

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet							
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor							
Given Name	David				Middle Initial	A.		Family Name	Littlejohn			Suffix e.g. Jr.					
Inventor's Signature	<i>David Littlejohn</i>										Date	1/4/99					
Residence:	Wales				State	WI		Country	USA			Citizenship	US				
Post Office	420 Pebble Creek Pass																
Post Office																	
City	Wales				State	WI		Zip	53183		Country	USA			Applicant Authority		
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor							
Given Name	Kim				Middle Initial	M.		Family Name	Ruchti			Suffix e.g. Jr.					
Inventor's Signature	<i>Kim M. Ruchti</i>										Date	1/4/98					
Residence:	Brookfield				State	WI		Country	USA			Citizenship	US				
Post Office	1085 Simon Drive																
Post Office																	
City	Brookfield				State	WI		Zip	53005		Country	USA			Applicant Authority		
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor							
Given Name	Aaron				Middle Initial	J.		Family Name	Schmidt			Suffix e.g. Jr.					
Inventor's Signature	<i>Aaron Schmidt</i>										Date	1/19/99					
Residence:	Wales				State	WI		Country	USA			Citizenship	US				
Post Office	401 Highland Street																
Post Office																	
City	Wales				State	WI		Zip	53183		Country	USA			Applicant Authority		
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor							
Given Name	William				Middle Initial	M.		Family Name	Stoval			Suffix e.g. Jr.					
Inventor's Signature	<i>William M. Stoval</i>										Date	1/8/99					
Residence	Menomonee Falls				State	WI		Country	USA			Citizenship	US				
Post Office	N90 W17683 St. Francis Drive																
Post Office																	
City	Menomonee Falls				State	WI		Zip	53226		Country	USA			Applicant Authority		
Additional inventors are being named on supplemental sheet(s) attached hereto																	

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DECLARATION	PRIORITY DATA (Supplemental Sheet)
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Additional foreign applications:					
Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
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Additional provisional applications:					
Application Number		Filing Date (MM/DD/YYYY)			
Additional U.S. applications:					
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)		

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[illegible]